1-800-325-8506

i	TE/OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH INSTRUCTION this form.	N GUIDE explains how to complete (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	ms/mrs/mr first Duane	OFFICE USE ONLY
NAME	NICKNAME LAST SUFFIX	Oate Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  9113 Edwardson Lane  AUStin, TX 78749	Date Hand-delivered or Date RO rked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 288-8212	Receipt # O Amound
6 CAMPAIGN TREASURER NAME	NICKNAME LAST SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or pusiness)	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #: CITY: STATE: 7423 Whistlestop Drive AUStin, TX 78747	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 888 - 8456	
9 REPORTTYPE	January 15 30th day before election Runoff  July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only)  Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THROUGH 12/28	. 1
11 ELECTION	ELECTION DATE  Month Day Year  11 / 02 / 04 Primary Runoff	General Special
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if kno	wn;
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	<ul> <li>Direct campaign expenditures are campaign expenditures made by others without the ca Candidates are required to disclose this information only if they receive notification of the dis</li> </ul>	
BY OTHER INDIVIDUALS	None	
additional pages	Address / PO Box: Apt. / Suite #: City: State: Zip Code	
	GO TO PAGE 2	

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	· · · · · · · · · · · · · · · · · · ·		16ACCOUNT # (Etnics Corntrassion filers)	
17 NOTICE FROM POLITICAL	may have been made	tice of political expenditures by political committees to support the candid without the candidate's or officeholder's knowledge or consent. Candidat f they receive notice of such expenditures.		
COMMITTEE(S)	COMMITTEE NAME  COMMITTEE TYPE  GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ACCRESS		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES. LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	
	2. TOTAL (OTHER	\$ 9,617,00		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$ ·	
4. TOTAL POLITICAL EXPENDITURES			\$ 23,627.56	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	s C	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LY OF THE REPORTING PERIOD	\$	
19 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  My Commission Expires  JANUARY 27, 2006				
Signature of Candidate or Officeholder  AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said Ducine 71107611, this the 28 day				
of December, 20 24 , to certify which, witness my hand and seal of office.				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				

### CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form. • Complete only if "Report Type" on page 1 is marked "Final Report" • • C/OH NAME ACCOUNT # (Ethics Commission filers) I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. FILER WHO IS NOT AN OFFICEHOLDER -- Complete A & B below only if you are not an officeholder. •• **CAMPAIGN FUNDS** Α. Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. Thave unexpended contributions or unexpended interest or income earned from political contributions. Tunderstand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filling this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254,204. В. **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate **OFFICEHOLDER** .. Complete this section only if you are an officeholder ... am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder

Texas Ethics Com	mission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463	3-5800 <u>1-800-325-850</u> 6
<del>-</del>	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS			SCHEDULE A
The INSTRUCTION GUIDE explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAME	pane McNeill		3 ACCOUNT # (Eth	ics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (108):  Charles + Jan Badenger 6 Contributor address: City: State: Zip Code P.O. Bux 640424  Kenner, LA 70064		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	(ructions)	ļ
10/25/04	Full name of contributor   out-of-state PAC (104: Austrin Republican Wome, contributor address; City, State; Zip Code 2327 Cypress Pt. E	n	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Austin, TX 78746-7224			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor Dout-of-state PAC (108)		Amount of contribution (\$)	In-kind contribution description (if applicable)
10/25/04	Contributor address: City: State; Zip Code 2327 Cypiess Pt E Austin, TX 78746.7324		#3,000,00	! ! !
Principal occu	ipation / Job title (See Instructions)	Emptoyer (See Ins	structions)	<del> </del>
	, , , , , , , , , , , , , , , , , , , ,			
1 <sup>C</sup>  27  <sub>C</sub> 4	Full name of contributor   out-of-state PAC (10)  Lake Travis Republican Women  Dee Ann Burns  Contributor address. City: State, zipcode  100 Spell brock Lane  Lakeway TX 78734	•	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See In:	structions)	
10/27/c4	1507 Alta Vista	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	upation / Job title (See Instructions)	Employer (See In	structions)	

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Texas Ethics Com	mission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463	<u>-5800</u> <u>1-800-325-8506</u>
	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	; 		SCHEDULE A
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:		
2 FILER NAME	Duane Mcneill		3 ACCOUNT # (EM	ics Commission filers)
4 Date	5 Full name of contributor Dout-of-take PAC (TOR) Pamela Van Sicklen		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/27/04	6 Contributor address; City; State: Zip Code 5012 Mc Intyre Circle Aushn, TX 78734-1815		00.00¢	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
Date 10/29/04	Full name of contributor   Out-of-state PAC (10): Thomas + Donnic Broyle	-5	Amount of contribution (\$)	In-kind contribution description (if applicable)
19121/04	Contributor address: City: State: Zip Code 107 Royal Cak Lane Austin, TX 78734		<sup>#</sup> 50.00	
Principal occu	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/17/64	Contributor address. City. State: Zip Code 5 Luity Mesylite Cove Austin TX 75764		\$250.00	 
Principal occupation / Job title (See Instructions)		Employer (See In	structions)	
Date	Full name of contributor   Dout of scale PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
115104	Contributor address: City. State, Zip Code 3265 SKylard Dr. Austro, R 78757		100.00	 
Principal occi	upation / Job title (See Instructions)	Employer (See In	structions)	<u> </u>
Date	Full name of contributor [] out-of-state PAC (ID#	1	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			1
Principal occ	supation / Job title (See Instructions)	Employer (See Ir	nstructions)	1

#### ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Austin, Texas 78711-2070

POLITICAL EXPENDITURES		SCHEDULE F	
The Instruction Guide explains how to complete this form.		1 1	otal pages Schedule F:
2 FILER NAME	Duane Maneill	3 A	CCOUNT # (Ethics Commission filers)
4 Date	5 Payee name		7 Amount (\$)
mia-i .	U.S. Postal Service		
10/25/04	6 Payee address; City; State; Zip Code		#6,541.17
	Austin, 78 78710-9651		
8 Purpose of pay required.)	ment (See instructions regarding type of information	9 Complete if direct ex Candidate / Officeholder name	penditure to benefit C/OH ** Office sought Office held
Postage (	gr mailers		
Date	Payee name		Amount (\$)
tria 1	Classic Typesetting		
10/26/04	Payee address; City: State; Zip Code P. O. Bによ 96067		\$1,208.30
	Avshn, TX 78709-0067		
Purpose of pay	ment (See instructions regarding type of information	·· Complete if direct ex	penditure to benefit C/OH ··
required.)	·	Candidate / Officeholder name	Office sought Office held
Maner	ָ 		
Date	Payee name		Amount (\$)
; .	Classic Typesetting Payee address; City; State; Zip Code		
10/26/04	Payee address; City; State: Zip Code P.O. Box 90067		\$246.27
	Austin, TR 78709-000	7	
	ment (See instructions regarding type of information	<u> </u>	spenditure to benefit C/OH ··
required.)	Services for modifier	Candidate / Officeholder name	Office sought Office held
	services for mailer		
Date	Payee name		Amount (\$)
	Classic Typesetting		
10/27/04	Payee address; City; State; Zip Code P. O. Box 90067		\$ 1,326.06
	Austin, TX 78709-0067		
	yment (See Instructions regarding type of information	<del>                                     </del>	xpenditure to benefit C/OH ··
required.)		Candidate / Officeholder name	Office sought Office held
Mailer.	<sup>2</sup>		
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEED	ED

### POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. FILER NAME ACCOUNT # (Ethics Commission filers) Duane Mcneill 5 Payee name Amount Texas Mailhouse, Inc. 6 Payee address; City; State, Zip Code P.O. Box 141245 10/28/04 M1436,00 Austin, IX 78714-1248 8 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Office help Candidate / Officeholder name Data processing and inkjet address for mailers Amount Texas Marihouse, Inc. (\$) Payee address; City: State: Zip Code 10/28/04 P.C. BUX 141248 Austin, TX 78714-1248 Purpose of payment (See instructions regarding type of information · · Complete if direct expenditure to benefit C/OH · · required.) Cand-date / Officeholder name Office heid Data processing and inkjet address for mailers Amount Payee address; City; State: Zip Code 10/28/04 Austin, TX 78710-9651 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Office held Candidate / Officeholder name fortage for mailers **Amount** Payee address; City, State; Zip Code 9113 Educardson Lone 18 653,23 Austin, TX 78749 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office held Office sought Reimbursement for items Reimbursement in . from schedule G - Food for with ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

			tulo Co	
The Instruction Guio∈ exptains how to complete this form.		Jule G:		
2 FILER NAME 3 ACCOUNT # (EIN			ics Commission filers)	
Ĺ	Duane McNeill			
4 Date	5 Payee name		8 Amount (\$)	
	Metro Mart 4	<i></i>		
10/201	6 Payee address; City: State; Zip Code		<b>4</b> 40.25	
10/23/64	Austin, TX 78728			
	7 Purpose of expenditure (See instructions regarding type of information rec	quired.)	Reimbursement from political	
	Gasoline for campaign Vehicle		contributions intended	
Date	Payee name		Amount (\$)	
	Corner Store 1396 Payee address; City: State: Zip Code		·	
10/23/64	10713 Julyville Rd.		\$ 9.50	
1-2101	Austin TX 78759			
	Purpose of expenditure (See instructions regarding type of information required.)		Reimbursement from political	
<u></u>	Gasoline Gr Campaign vehicle		contributions intended	
Date	Payee name		Amount (\$)	
	Corner Store 1307 Payee address: City: State; Zip Code			
10/26/04	4600 William Connon		₱ 11.00	
1 9,04	Austin, TR 78749	Austin, TX 78749		
	Purpose of expenditure (See instructions regarding type of information re	quired.)	Reimbursement from political	
	Gasoline or compaign vehicle		contributions intended	
Date	Payee name	Payee name		
	Signature 35 Payer address: City: State: Zip Code		(\$)	
10/2-1	11000 RR 2222		∯ 25.00	
1928/04 Austin, TX 78746				
	Purpose of expenditure (See instructions regarding type of information re	equired.)	Reimbursement from political contributions	
	Expline for campaign rehicle		intended	
Date	Payeoname Corner Store 1367		Amount (\$)	
	Payee address: City: State; Zip Code			
10/30/04	4600 William Cannon		13.50	
100/04	Austin, TX 78749			
Purpose of expenditure (See instructions regarding type of information required.)		equired.)	Reimbursement from political	
	Gasoline for Campaign vehicle		contributions intended	

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	CAL EXPENDITURES FROM PERSONAL FUNDS		SCHEDULE G
The Instruction	4 Guide explains how to complete this form.	1 Total pages Schedu	ile G:
2 FILER NAME	pane McNeill	3 ACCOUNT # (Ethic	s Commission filers)
4 Date	5 Payee name		B Amount (\$)
10/31/04	7-Eleven 6 Payse address: City; State: Zip Code 7100 RR 620 North Austin, TX 78726 7 Purpose of expenditure (See instructions regarding type of information requi	red.)	Reimbursement from political contributions intended
Date	Payee name Corner Store 1307		Amount (\$)
11/02/04	Payee address; City; State; Zip Code 4600 William Cannon Austin, TX 78749		в <sub>12.00</sub>
<u> </u>	Purpose of expenditure (See instructions regarding type of information required Gascline for campaign vehicle	ired.)	Reimbursement from political contributions intended
Date	Payee name Murphy USA 6987 Payee address: City: State: Zip Code 13000 N. IH 35 Austin, TR 78753		16 J4.00
, , ,	Purpose of expenditure (See instructions regarding type of information required Gasoline for Campaign Vehicle	ired.)	Reimbursement from pointical contributions intended
Dale	Payce name		Amount (S)
	Payee address, City: State; Zip Code  Purpose of expenditure (See instructions regarding type of information requ	uired.)	Reimbursement from political contributions intended
Date	Payas name		Amount (\$)
·	Payee address: City; State; Zip Code		
	Purpose of expenditure (See instructions regarding type of information requ	uired.)	Reimbursement from political contributions intended
3	ATTACH ADDITIONAL COPIES OF THIS FORM A	S NEEDED	